

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/583,503
Filing Date::	<del>June 16, 2006</del> <u>11/17/06</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	A-BETA IMMUNOGENIC PEPTIDE CARRIER CONJUGATES AND METHODS OF PRODUCING SAME
Attorney Docket Number::	<del>CA15181</del> <u>15270C-000110US</u>
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rasappa G.  
Middle Name::  
Family Name:: ARUMUGHAM  
Name Suffix::  
City of Residence:: Chapel Hill  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of Mailing Address:: 102 Barton Lane  
City of Mailing Address:: Chapel Hill  
State or Province of mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27516

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: A. Krishna  
Middle Name::  
Family Name:: PRASAD  
Name Suffix::  
City of Residence:: Chapel Hill  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of Mailing Address:: 105 Worsham Drive  
City of Mailing Address:: Chapel Hill

State or Province of mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27516

### Correspondence Information

Correspondence Customer Number:: 2349320350  
Phone number:: ~~(650) 625-8100~~  
Fax number:: ~~(650) 625-8110~~  
E-Mail address:: sughrue@sughrue.com

### Representative Information

Representative Customer Number:: 2349320350

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Application claiming the benefit under 35 USC § 371	<del>PCT/US2004/4409</del> <u>3PCT/US04/44093</u>	12/17/04
<u>PCT/US2004/44093</u> <u>PCT/US04/44093</u>	An Application claiming the benefit under 35 USC § 119(e)	60/530,481	12/17/03

### Foreign Priority Information

Country::                                      Application number::                                      Filing Date::

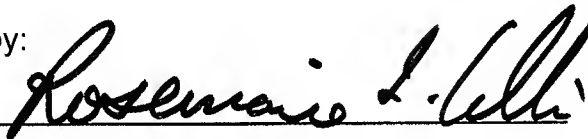
### Assignee Information

Assignee Name:: Janssen Alzheimer Immunotherapy  
Street of mailing address:: Little Island Industrial Estate  
City of mailing address:: Little Island  
State or Province of mailing address:: County Cork  
Country of mailing address:: IE  
Postal or Zip Code of mailing address::

Assignee Name:: Wyeth  
Street of mailing address:: Five Giralda Farms  
City of mailing address:: Madison  
State or Province of mailing address:: New Jersey  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 07940

Submitted by:

Signature



Date

11/16/09

Printed Name

Rosemarie L. Celli

Registration Number

42,397